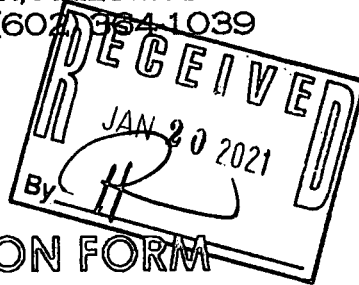


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan 20, 2021 Case Number: 21-82

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: DR. ELSA SWENSON
Premise Name: DOVE MOUNTAIN VETERINARY
Premise Address: 12110 N. Dove Mountain Blvd.
City: MARANA State: AZ. Zip Code: 85658
Telephone: (520) 448-9690

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: DOMINIQUE + KERRY HORTON
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

* WINTER ADDRESS: (UNTIL 4/3/21)

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: HENRY
Breed/Species: PIT BULL MIX BREED
Age: 4 Sex: M Color: Fawn/WHITE

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

1. DR. ELSA SWENSON
2. DR. MADISON HORTON
3. DR. JESSICA BECKSTROM
VETERINARY SPECIALTY CENTER TUCSON
4909 N. LA CAMARCA DR. TUCSON, AZ. 85704
(520) 795-9955

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

I AM UNAWARE OF WHAT STAFF
MEMBERS AT DOVE MOUNTAIN I HAD
CONTACT WITH HENRY.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]

Date: 1/15/21

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

(SEE ATTACHED
NARRATIVE)

Our four-year old dog Henry died unexpectedly Thursday, January 7, 2021. This was three days following an ACL diagnosis at Dove Mountain Veterinary in Marana.

Henry developed a hind leg limp Friday, January 1, 2021. We were not overly concerned until Sunday. He would not eat over the weekend and seemed to be in some distress. He was seen Monday morning by Dr. Elsa Swenson, diagnosed with an ACL tear, and sent home with pain medications Carprofen and Gabapentin.

She called me that afternoon and discussed at length her concerns over the degree of leg swelling but how she came to her diagnosis of an ACL tear. And future care and surgery recommendations down the road.

By Wednesday morning, we felt quite concerned. I called the vet and told the front desk Henry refused to eat, was taking less and less water, and his leg was still quite swollen. I was told they were too busy to see him, but someone would call. I did reiterate that we had not experienced firsthand an ACL tear with our dogs and needed confirmation one way or another of this was "normal" or not. The call never came.

Further, and perhaps a factor in all this, we are winter visitors to Tucson. We have been coming for only a few years and do not have a vet in town. I think this put us at an enormous disadvantage as Dove Mountain Veterinary did not know us, nor Henry.

Thursday morning it was clear Henry needed intervention. I was able to secure an appointment for him in the afternoon. By now, Henry was so weak he had to be carried into the vet. Dr. Madison Horton examined him and said he appeared to be in liver failure, and critical. She was not sure what caused this state but did indicate one of the pain medications, Carprofen, could have been the culprit. She did call the Veterinary Specialty Center Tucson, so they could prepare for his arrival.

Despite the heroic efforts of Dr. Jessica Beckstrom, Henry died of cardiac arrest. She said he had been misdiagnosed by Dove Mountain.

I have been somewhat in shock following Henry's untimely death, but as the days pass, my anger grows. And one will see this is evident in my attitude from my first letter to Dr. Swenson Saturday following Henry's death to our review posted Tuesday. The hurdle I am unable to get over, and the reason I am filing this complaint, is the lack of curiosity and interest in Henry's rapid decline and death. And their role in it. I have been working under the assumption she never received the Wednesday message, but I do not know. No one will tell me. Not the vet; nor the office manager.

Again. Since she did note the swelling was unusual on Monday, one would assume if she had concerns, there would be an elevated interest in follow up. Because I truly believe the course of treatment would have changed, and perhaps Henry would still be alive. And if Carprofen was a culprit in all this, mostly certainly we should have been warned.

The office manager did call me Tuesday, January 12 following receipt of a letter I had sent Dr. Swenson. She said she was sorry for our loss which I appreciated, and they were looking into the breakdown in their office. She said one of the employees was out for three weeks and it would be awhile. I do not have much confidence of investigations within themselves. And after three weeks, memories will fade.

It is not my intent to hurt anyone. Pain layered onto more pain does not bring satisfaction. But I do believe Dove Mountain dropped the ball in Henry's care which may have cost his life, and brought tremendous and needless heartache to us, and all in our family who loved him. Our pets are family members, and he was loved dearly. And we have always provided them with the best we can give. Whether this rises to the level of negligent care by Dove Mountain will be left to the experts.

I am including exhibits for your review which include as follows:

1. Letter to Dr. Swenson sent by UPS mail Saturday, January 9;
2. Emails with Dr. Swenson dated January 11;
3. Our google review posted January 12;
4. Review by Charls Alvs six months ago that is very similar to our experience.

Kerry and Dominique Horton

[REDACTED]
[REDACTED]
(permanent)

[REDACTED]
[REDACTED]
(winter)

Dr. Elsa Swenson
Dove Mountain Veterinary
12110 N. Dove Mountain Blvd.
Marana, AZ 85658

RE: Henry
DOD: January 7, 2021

Dear Dr. Swenson:

I wanted to thank you for the call yesterday to discuss Henry and his untimely death. We are devastated, as you can imagine. I did appreciate the amount of time you took to talk it all through, even though we will likely never understand why he became so critically ill. You did not know him but he was one of the most loving boys you can imagine. He has left a huge void.

I am dealing with many "what ifs" which I recognize does not lead to anything particularly productive. But if anything positive can come from this tragedy, I do want to address the unanswered call from your office Wednesday, January 6. We were deeply concerned with his decline. Not eating, not wanting to drink, lethargic. I explained these details to a female tech who answered the phone. She indicated the office was too busy to see him but she would have someone call me back. That call never came. Would that have made a difference? I should not have to even think about that.

On Thursday when he was even weaker, I called the office again. I did get a call back from Grant who was wonderfully professional and he gave us our appointment time. But an hour later, a female tech called with "pick up medication" instructions and she knew nothing of our appointment. I think it is fair to conclude there are some communication problems.

I have heard only good things about your business. And I am sure you are all wonderful vets. But if there is a weakness in the front desk and incoming calls about sick dogs (and in this case, critically ill), then there is a huge problem. Sadly, this is going to hang over me forever.

Sincerely,

Re: Received your note of concern

From: Dominique M. Horton

To: dovemtnvet@gmail.com

Date: Monday, January 11, 2021, 12:25 PM MST

We have just posted a review online which is something I would not do lightly. After discussing it over the weekend, and running through over and over those few days, there is no question the ball was dropped. No, we will never know if Henry could have been saved but the bottom line is, my call was not returned Wednesday. And I told you this. We knew something was off. And no one called us Thursday either. That was me calling to say he really needed help. Never was there any sense of concern, nor urgency.

At some point, we would like to meet with you and/or the office manager face to face. And an apology and explanation would be greatly appreciated.

On Monday, January 11, 2021, 11:37:34 AM MST, Dove Mountain Veterinary <dovemtnvet@gmail.com> wrote:

Hello Dominique and family,

I wanted to let you know I received your letter and appreciate you reaching out. I will be sure that your concerns are addressed so they can be avoided in the future. I did share your note with the Hospital Administrator-Sandra, because I felt it was important she was aware of the situation as well.

Thinking of you during this difficult time and please reach out if there are any other questions or concerns I can assist with.

Thank you,

Dove Mountain Veterinary

12110 N. Dove Mountain Blvd

Marana, AZ 85658

Phone: (520) 448-9690

EXHIBIT 3

4.8 ★★★★★ 323 reviews

Sort by: Most relevant ▼

Alt: baby 12 compassion 9 puppy 9 informative 6 +6

K Kerry Horton
63 reviews · 3 photos

3 days ago · Edit

Critical: Responsiveness

Our four-year old dog Henry was diagnosed at Dove Mountain with an ACL tear Monday, January 4, and died three days later in urgent care of an infection and liver failure. We have serious concerns about communication problems within Dove Mountain during his rapid decline, and how this impacted Henry's care.

Henry had a limp that had presented a few days prior to our initial consult with the vet. We live on the east coast and recently, have been spending a few winter months here. We have little to no knowledge of the vets or urgent care facilities. But I will say I was very impressed with their professionalism, attentiveness and kindness. I felt we had found a great place.

By Wednesday, Henry was notably in decline. He had not eaten since the weekend, was taking less and less water, and his leg was still very swollen. Something seemed off. I called Dove Mountain and explained this to the front desk. I was unceremoniously told they were too busy to see him but someone would call me back. That call never came.

GOODWILL STORE IMG_0079.jpeg



IMG_0814.PNG



BelsVideos



IMG_0815.PNG



IMG_1287.jpeg



IMG_4821.png



Help.pdf



IMG_0837.PNG DominiqueResume.pdf



Dove Mountain Veterinary

12119 N Dove Mountain Blvd, Marana, AZ

[Edit your review](#)

4.8 ★★★★★ 323 reviews

Sort by: Most relevant ▾

All baby 12 compassion 9 puppy 9 informative 8 +6

Thursday morning it was clear Henry required intervention. But in the back of our minds, we are telling ourselves dogs do not die of ACL tears. I called again and was able to secure an appointment. An hour or two later, I received a call with instructions to come pick up some medicine for him. She had no idea we had an appointment. So don't they speak to each other?

Another vet saw Henry Thursday. She said he appeared to be in liver failure, he was critical, and she referred us to the Veterinary Speciality Center Tucson. We got him there immediately.

Despite the truly heroic efforts of the urgent care vet, Henry went into cardiac arrest and could not be saved. She seemed as crushed as we were.

She told us he was misdiagnosed by Dove Mountain.

I was able to connect with the original diagnosing vet late Friday. But the effort was all on my part. There was no call from Dove Mountain Thursday after they sent us to urgent care knowing he was critical, nor Friday morning. And if they knew he was deceased, no call of condolences. When I called the front desk Friday trying to reach the vet, they seemed to know nothing about Henry.

The vet did speak with me about medical scenarios and theories that could have taken Henry down, but I was still in that dissociative state of shock. I do not fault her for the original diagnosis. It was reasonable. Until it was not. But we never had an opportunity to discuss him after Monday. And that is 100% on Dove Mountain.

Dove Mountain Veterinary

12110 N Dove Mountain Blvd, Marana, AZ

[Edit your review](#)

4.8 ★★★★★ 323 reviews

Sort by: Most relevant ▼

All baby 12 compassion 9 puppy 9 informative 8 +6

reasonable. Until it was not. But we never had an opportunity to discuss him after Monday. And that is 100% on Dove Mountain.

After I got off the phone with her, I realized I did not hear the one thing I really needed to hear. I am sorry. Not a comment one way or another about my unanswered call to their office Wednesday that could have changed the trajectory.

I have read the glowing reviews and I am happy for those who have had positive experiences. May they continue. But undoubtedly, they dropped the ball for Henry. Would he have survived if someone had acted on our call Wednesday? We will never know. And no one should be put in that position. It has only served to add a burden of heartache during an awful time.

It is our most sincere wish that our experience and review will lead to something positive at Dove Mountain. Nothing is going to bring our sweet boy Henry back to us, but it would be very sad if his death was all in vain.

Dominique and Kerry Horton



EXHIBIT 4

Dove Mountain Veterinary

12110 N Dove Mountain Blvd, Marana, AZ

[Edit your review](#)

4.8

323 reviews

Sort by: Lowest rating ▼

All · baby 12 · compassion 9 · puppy 9 · informative 8 · +6



Charis Alvs

4 reviews

6 months ago

Don't bring your dog here if it's serious. My dog had intestinal surgery here after eating carpet and the staff couldn't care less what happened to him after. He came home weak, clearly in pain and didn't eat anything for 7 days. We called the Dr and we were just told to try to give him something else to eat as if we haven't tried everything. On the last day we took him because his wound was leaking and after some test they just put a bandage on him and gave us new medicine, telling us they didn't have a clear picture of what was happening. He died 3 hours later, after suffering for a week. We called the office to get some insight on what caused him to eat carpet in the first place to purge himself (he hadn't eat carpet since he was a baby 5 years ago), or any other opinion from the Dr on what may caused his death after suffering for so long and WE WERE COMPLETELY IGNORED. Please take your beloved pet to an actual animal hospital if it's something serious.



1

Response from the owner 6 months ago

Summary of Incident occurring 1/4/2021:

Case 21-82

Regarding canine 'Henry' Horton

I, Dr. Elsa Swenson, examined Henry Horton, 4yo, NM, Pitbull mix when he presented as an urgent care visit on Monday, January 4th for left hind lameness and lethargy. Lameness was first noted by the owner on Friday, January 1st with no improvement over the weekend prompting the call on Monday. Owner indicated that they had arrived in town after traveling cross country from Maine Thursday, December 31st. Typically a very active and excitable/anxious pet they did not see any unusual behavior while traveling and displayed normal high energy. Due to anxiety, owners recommended a muzzle while handling at the time of making the appointment. At the time of the exam they indicated they are seasonal residents and spend the winter in Arizona, before returning to Maine each spring for the last couple of years.

Upon initial presentation, Henry was ambulating without assistance, but was observed to be non-weight bearing on his left hind leg. The initial physical exam found no fever, normal respiration and heart rate. He had a quiet, alert, responsive, albeit nervous mentality. He allowed a full physical exam without any resistance, but was clearly anxious and tense. A muzzle was placed as a precaution when preparing to examine the left hind leg. There was notable swelling and pain at the level of the left stifle and thigh. The leg was at normal temperature to the touch. He tolerated partial flexion of the leg. He would not tolerate a cranial drawer test of the left stifle. All other limbs had normal range of motion upon exam. Due to level of discomfort as well as anxiety, permission was obtained from the owner to administer a hydromorphone injection for pain relief and sedative effects. It will provide relief while waiting until radiographs could be pursued as well as improve comfort while positioning during radiographs. Radiographs were recommended to evaluate for any signs of fracture or luxation or other abnormalities along the full length of the affected leg. Advised radiographs are initially reviewed in clinic, but informed the owner they are also submitted for radiologist review via telemedicine. Other than soft tissue swelling around the left stifle, no other overt abnormalities were noted during the in clinic review. The technicians noted that he was painful on extension and while positioning the affected leg. Based on history, physical exam findings and radiographic findings the working diagnosis was a likely cranial cruciate rupture. Discussed medical management is the general recommendation in the acute stages of the injury with surgical management the best course of treatment for long term joint stability and health. Discussed he seems to have slightly more than typical swelling around the joint, so monitor it closely at home if swelling increases or other symptoms develop, then contact us for a follow up exam or additional treatment recommendations. Owner had further questions about the procedure for surgical correction of a ruptured CCL. Discussed we have a mobile board certified surgeon come to the clinic for orthopedic procedures or there are other boarded surgeons in town we can refer to if desired. The owner indicated they would prefer to wait until they could consult their regular veterinarian in Maine before pursuing any surgical options. I emailed an article about Cranial Cruciate Ligament injury to the owner from the veterinarypartner.com

website. Carprofen and gabapentin were prescribed and the patient was discharged ambulating on his own and was still not bearing weight on the left hind leg. Written discharge instructions were provided as well.

The radiology report was received after hours on January 4 and reviewed by me January 5. A note was made at the end of the day on Tuesday January 5th for a technician to call the morning of the 6th to contact the owner and ask for an update on Henry and relay the findings on the radiology report were similar to Dr. Swenson's initial findings- no orthopedic injuries were noted, evidence consistent with soft tissue injury and increased swelling and some differentials to consider. I was not in the office Wednesday January 6 and Thursday January 7 due to the routine weekly schedule.

On Thursday January 7, a technician texted me at home that Henry had returned for follow up care but was immediately sent to VSCOT (Veterinary Specialty Center of Tucson) due to extremely poor condition on presentation and an update from VSCOT later that day that Henry passed away shortly after presentation.

On January 8th the owner called and left a message requesting a call to discuss Henry's passing. The owner was informed I was doing surgical procedures that day and once I was out of surgery would be able to return her call. I contacted the owner approximately 3pm in the afternoon and expressed sincere condolences and shared dismay in Henry's passing. VSCOT had sent our clinic the records regarding Henry's case including bloodwork indicating severe hepatic disease, possible sepsis, and details of the resuscitation attempt. The owner said they were offered at the time of death the option of submitting the body for a necropsy to the U of A VDL, however the owner declined this option due to how a body is handled during a necropsy. They contacted VSCOT the next morning to ask if he could still be submitted for necropsy, but VSCOT indicated he had been placed in the freezer until the crematorium would pick up and results would no longer be accurate due to changes in the body due to freezing. Owner wanted to know what could have caused the rapid decline. I asked for more clarification in the timeline of additional symptoms observed at home. Discussed many of the potential rule outs based on the additional symptoms that developed since presenting on January 4th and lab work provided by VSCOT, but it is all speculation and unfortunately impossible to know the definitive cause especially since necropsy was not pursued. Owner wanted to know if treatment had started sooner, would a different outcome have been possible. Advised as honestly as I could - stating it is hard to know for sure, especially not knowing what the ultimate diagnosis and cause of death. However, judging by the severity and rapid nature of his decline, it was a severe underlying condition and likely difficult, if not impossible, to reverse. Expressed condolences again and asked if the owner had any other questions that I could answer. A sympathy card from the hospital had been started earlier in the day as per typical hospital policy upon receipt of notification of passing of a mutual patient from VSCOT (or any other clinic that notifies us of a patient that has passed.)

On January 11 upon arriving at work there was a certified letter in my office inbox. The letter was expressing concern that they had called the clinic once on Wednesday the 6th and never

received a call back that day. They called the clinic again on Thursday and were told to bring Henry in, but his condition had declined so they were sent to the Specialty Center where he passed away. They feel if their message had been returned sooner on Wednesday Henry may not have passed away. I sent a reply email on January 11th acknowledging receipt of the letter and that we would review the message reporting process with the pertinent staff. I also informed the Hospital Administrator, Sandra, about the letter. Shortly after my email was sent, Henry's owner sent a reply email warning they were posting negative reviews about our clinic online. They also called the clinic requesting to speak with me or Sandra in person. I forwarded these messages to Sandra who attempted to contact the owner multiple times upon receipt of the message. Sandra was eventually able to speak with the owners- see communication notes in record. I did not speak with the owners directly or indirectly after they were referred to the Hospital Administrator due to the change in the tone of their communications. Please refer to the communication notes within the record for all staff notes regarding client updates and interactions. We will be pursuing staff continuing education and review about communication protocols in the hospital. As call volume and multiple modes of client contact are being utilized more so during curbside procedures, I recognize it is important that any form of communication with clients be documented as well as being confident that messages are received by the intended parties in a timely manner.

On January 25th, I received in my home mailbox an Arizona State Veterinary Medical Examining Board Complaint Investigation Form.

This concludes the summary of my involvement with Henry Horton's case to this point in time.

A handwritten signature in black ink, appearing to read "Eleanore Swenson DVM". The signature is written in a cursive, flowing style.



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler - **ABSENT**

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-82

Complainant(s): Kerry and Dominique Horton

Respondent(s): Elsa Swenson, D.V.M. (License: 4591)

SUMMARY:

Complaint Received at Board Office: 1/20/21

Committee Discussion: 7/13/21

Board IIR: 8/3/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On January 4, 2021, "Henry," a 4-year-old male Pitbull mix was presented to Respondent due to an acute onset of lameness and swelling of the left rear leg. The dog was examined; radiographs were performed and Respondent suspected a cranial cruciate rupture. Options of surgical intervention and medical management were discussed. Complainants elected medical management and would return if the dog worsened. The dog was discharged with carprofen and gabapentin.

On January 7, 2021, the dog was seen by Respondent's associate due to the dog's worsening condition. Hospitalization was recommended or referral to a specialist. Complainants elected to take the dog to a specialty facility. Upon arrival, emergency treatment was initiated but the dog went into cardiac arrest shortly after arrival. CPR was performed without success.

Complainants were noticed and appeared telephonically.

Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Kerry and Dominique Horton*
- Respondent(s) narrative/medical record: *Elsa Swenson, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Madison Horton, DVM; VSCT – Jessica Beckstrom, DVM*

PROPOSED 'FINDINGS of FACT':

1. On January 4, 2021, the dog was presented to Respondent due to an acute onset of lameness and swelling to the left rear leg. Complainants reported that the dog developed a limp on the left rear leg on Friday, January 1, 2021, but were not concerned until Sunday due to the dog refusing to eat, appearing to be in distress and lethargic. Complainants further reported that the dog is normally very active, but due to pain, the dog is now lethargic. Additionally, the dog had to be picked up to go outside to relieve himself.

2. Respondent examined the dog and found a weight = 58.6 pounds, a temperature = 100.5 degrees, a pulse rate = 130bpm, and a respiration rate = sniff; BCS 6/9. Respondent noted that the dog was non-weight bearing on the left rear leg; had significant swelling from stifle to thigh and slightly distal to stifle. The dog tolerated partial flexion of the leg and would not tolerate cranial drawer test at the left stifle. Respondent obtained permission to administer Hydromorphone for pain relief and a sedative effect to allow better positioning for radiographs – Complainants approved.

3. The dog was administered Hydromorphone 1.25mLs SQ (concentration unknown) and radiographs were performed. Respondent advised Complainants that she would review the radiographs initially but they would also be reviewed by a radiologist via telemedicine. Based on information gathered by Respondent she suspected that the dog had a ruptured cranial cruciate ligament. She discussed medical management initially and surgical management the best course of treatment for long term joint stability and health. Due to more than typical swelling around the joint, Respondent advised Complainants to monitor closely for increased swelling, or other symptoms, and return for follow up care.

4. Complainants were told of mobile surgeons who could perform surgery at the premises or they could be referred to a board surgeon elsewhere. Complainants wished to consult with their regular veterinarian in Maine before pursuing any surgical options. Due to the more than expected swelling from a cranial cruciate ligament tear, Respondent advised that if the swelling did not improve over the next few days, antibiotics could be prescribed, and they could consider testing for Valley Fever. The dog was discharged with the following:

- a. Dasuquin Advanced Soft Chews Large – Administer 60# dose for joint health (amount unknown);
- b. Gabapentin 100mg capsules (amount unknown); give 2 – 3 capsules orally every 12 – 24 hours as needed for pain;
- c. Carprofen 100mg caplets (amount unknown); give 1 tablet every 24 hours for 14 days, then as needed for pain/limping. Give with food. Do not use with any other NSAID or STEROID. If vomiting or diarrhea occurs stop medication and call the office; and
- d. Recheck in 10 – 14 days if limping has not improved or sooner...

5. Radiologist report concluded: Probable acute left cranial cruciate ligament injury. Septic or immune-mediated left stifle arthritis should also be considered, especially given the presence of subcutaneous swelling (suspect edema or cellulitis) distal to the left stifle.

6. Respondent requested technical staff call Complainants to check on the dog and relay the findings of the radiology report was similar to Respondent's initial findings – no orthopedic injuries

were noted, evidence was consistent with soft tissue injury and increased swelling and some differentials to consider.

7. Respondent was out of the office the next two days.

8. On January 6, 2021, Complainants became concerned due to the dog refusing to eat, was drinking less and his leg was still quite swollen. Complainants called Respondent's premises to report their concerns with the dog's worsening condition. They were advised that the premises was too busy to see the dog, however, someone would call them back. Complainants state that they did not get a return call.

9. On January 7, 2021, Complainants called Respondent's premises to report the dog was still not eating, was barely drinking, and was still not using his leg; they wanted to know if these symptoms were normal for a torn cruciate ligament. Staff spoke with the doctor on duty who advised that cerenia tablets or injection could be administered for possible nausea as well as providing a/d for an appetite stimulant. Complainants agreed to bring the dog in for cerenia, antibiotics and a/d.

10. Complainants presented the dog to Respondent's associate, Dr. Horton, for evaluation. Upon presentation, the dog was laterally recumbent and obtunded. The dog's sclera was icteric as well as the skin on the abdomen. The entire left rear leg was swollen. After reading the dog's medical records, Dr. Horton became concerned the dog was having a carprofen reaction. She explained to Complainants that the dog's icterus indicated that the liver was not functioning properly and she was concerned the dog was having a reaction to the carprofen recently prescribed. Dr. Horton recommended hospitalization for IV fluids, but relayed that the dog would benefit from 24-hour care, which they did not have available. Referral to a specialty facility was discussed, which Complainants elected to pursue. Dr. Horton called the specialty hospital to let them know the dog would be arriving.

11. Upon arriving to Veterinary Specialty Center of Tucson, technical staff triaged the dog and notified Dr. Beckstrom that the dog needed to be urgently evaluated by a doctor. Permission to begin stabilizing the dog was obtained from Complainants. Dr. Beckstrom found the dog to be laterally recumbent but alert, tachycardic, and severely hypotensive. An IV catheter was placed – during placement the dog vomited a large volume of foul smelling green to yellow tinged liquid. A bolus of Plasmalyte was started, however, prior to the end of the bolus, the dog went into cardiopulmonary arrest. Resuscitation efforts were initiated and Complainants were made aware of the dog's condition; they elected to have CPR continued. The dog was not responding thus Complainants eventually elected to stop resuscitation efforts.

12. Due to Covid precaution protocols, Complainants were waiting in their vehicle but were allowed to enter the premises to discuss the dog's case with Dr. Beckstrom. At the time of their discussion, Dr. Beckstrom had not seen the results of the dog's blood work therefore the results were not relayed to Complainants. Complainants asked if this was the typical progression of a cruciate ligament tear – Dr. Beckstrom stated that it was not typical progression but she did not have Respondent's evaluation notes and a cruciate ligament tear was a common cause for pelvic lameness in a young lab/pit bull type dog.

13. Dr. Beckstrom explained that her differentials based on the dog's presentation to her were septic arthritis, other infectious disease, autoimmune disease, or toxicity from administration of carprofen. Other possibilities, although less likely, were neoplasia and endocrine disease. A necropsy was offered but Complainants declined.

14. Abnormal blood results were:

Lactate	32	0.6 - 2.9
Mono	5.87	0.16 - 1.12
Neuts	1.37	2.95 - 11.64
Eos	0.02	0.06 - 1.23
MCHC	38	32 - 37.9
PLT	66	148 - 484
MPV	18.4	8.7 - 13.2
PCT	0.12	0.14 - 0.46
ALKP	1890	23 - 212
BUN	124	7 - 27
Chol	373	110 - 320
Phos	11.3	2.5 - 6.8
T. Bili	7.2	0 - 0.9
Na	133	144 - 160
Cl	101	109 - 122

15. Respondent spoke with Complainants regarding the cause of the dog's death. She explained that since a necropsy was not pursued, it would only be speculation and a definitive cause of death would be impossible to know. Additionally, it would be hard to know if treatment was started sooner, if the outcome would have been different. Respondent believed that based on the severity and rapid decline of the dog, the dog likely had a severe underlying condition, which would have been difficult, if not impossible, to reverse.

16. Complainants expressed concern that their phone call on January 6th was not returned and they were not sufficiently warned about all of the potential risks of carprofen.

COMMITTEE DISCUSSION:

The Committee discussed that the main complaint was that Respondent did not return Complainants' call on Wednesday. The dog's diagnosis was confirmed by the radiologist – it would be hard to determine if there was an underlying issue but at the time Respondent saw the dog, her work up was sufficient.

Respondent cannot be held responsible for reception staff. Staff should have relayed that the dog could not be seen and referred Complainant elsewhere. It appears that Respondent and the premises have made changes to prevent this situation from happening again. Respondent was not at the premises at the time Complainant called with concerns with the dog.

It is possible that the dog had a reaction to the carprofen.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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September 16, 2021

Elsa Swenson, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 21-82 - In Re: Elsa Swenson, DVM

Dear Dr. Swenson:

At its meeting on August 18, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Kerry and Dominique Horton regarding their pet "Henry" Horton.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to dismiss the case and issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to improve communication between veterinary staff and reception staff – specifically, ensuring that when a particular veterinarian is unavailable to speak to a client who is requesting information and/or advice that such client communications are timely addressed by another veterinarian.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

A handwritten signature in black ink, appearing to read "Victoria Whitmore".

Victoria Whitmore
Executive Director

cc: Kerry and Dominique Horton
David Stoll, Esq.